

*Medical*



## **AIR FORCE MEDICAL LIBRARY MANAGEMENT**

### **COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This Air Force instruction (AFI) implements Air Force policy directive (AFPD) 41-2, Medical Support, 16 August 93. Its purpose is to prescribe policies and procedures and provide guidance for USAF medical libraries.

**1. Mission.** The mission of USAF medical libraries is to provide the highest quality library and information services to all health care providers to support patient care, education, research, and readiness.

### **2. Administration**

2.1. Each Medical Treatment Facility (MTF) should provide access to medical library services.

2.2. Personnel. Medical libraries should be staffed by individuals in the following series: GS-1410, Professional Librarian; GS-1411, Library Technician; or GS-1412, Technical Information Services. Libraries without an individual in one of these series should request periodic consultations from the nearest Air Force medical center, command medical librarian, or the library consultant to the Air Force Surgeon General. Libraries should have adequate clerical support for routine library functions.

2.3. Automation. Libraries should automate as many functions as feasible.

2.4. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). If applicable, libraries should comply with the JCAHO standards for knowledge-based information and librarians should participate on the information management team.

2.5. Hospital Library Standards. Libraries should use the standards from the Medical Library Association (MLA) as a reference in developing and evaluating services and/or policies.

2.6. Written Policies. Libraries should have, at a minimum, a written policy on who is authorized to use the library, a collection development policy, and an indefinite loan policy.

2.7. Budget. The library staff will provide an annual budget for the appropriate resource manager to ensure funds are available to maintain and improve current library services and assessed needs.

2.8. Assessment. The librarian should continually assess the library's services and collection to ensure the information needs of the facility are being met.

2.9. Library Committee. An advisory committee should meet at least 3 times a year to assist in defining and developing library policies and services. Composition of the committee should include a representative from each major department/division within the facility, a cross section of health care providers, and the librarian. If training is conducted at the MTF, the committee should have representation from the training coordinators. The chair should be approved by the commander.

2.10. Professional Activities. Library personnel are encouraged to attend professional meetings and continuing education courses to update skills and stay abreast of changes in information technology. Institutional membership in a professional medical library association is recommended.

### **3. Public Services**

3.1. Circulation. The circulation system must show who has each title at all times. There should be an organized plan for follow-up of overdue library material. Library borrowers must replace or reimburse the library for all lost, damaged, or destroyed materials.

3.2. Reference. Libraries will provide reference and bibliographic services to all authorized users. Database access will vary with size of facility; as a minimum, MEDLINE and backfiles should be readily available. AF Form 2644, Request for Computer-Aided Literature Search, is used to request a bibliographic search.

3.3. Interlibrary Loan. Libraries should participate in local library networks and DOCLINE. Air Force medical center libraries should be resource libraries for smaller medical treatment facilities in their geographic region. Other federal libraries may also offer loans free of charge. The National Medical Library (NML) coordinates a network of resource libraries in eight regions in the U.S. For requests not available at federal institutions, libraries should establish accounts at civilian resource libraries in their region or with commercial document delivery vendors for interlibrary loan services. If an on-line interlibrary loan system is not used, SF 162, Interlibrary Loan Request, is used to request items from other libraries.

3.4. Overseas Bases. All requests from overseas medical facilities for interlibrary loans and literature searches should be sent to the DASG-JML, Joint Medical Library, 5109 Leesburg Pike, Room 670, Falls Church, VA, 22041-3258.

#### **4. Technical Services.**

4.1. Collection Development. The collection includes books, journals, indexes, audiovisuals, electronic media, microfilm, databases, etc. Selection criteria for library materials should be written in the collection development policy. Criteria should be based on size of facility, staff needs, research interests, and educational programs. Core or recommended lists, such as the Selected List of Books and Journals for the Small Medical Library and A Library for Internists, should be consulted for collection development. As funds permit, the library staff should have the authority to order materials from recommended lists without prior approval. Library staff should actively seek requests from health care providers. Questionable or inappropriate requests should be referred to the Library Committee. A current reference collection of medical dictionaries, biographical directories, indices, etc., should be maintained. Patient education materials should not be purchased with library funds.

4.2. Procurement. Library staff should use the most expedient routes of ordering library materials. Consult with Medical Logistics for library vendors with government contracts and blanket purchase agreements. FEDLINK can be used to expedite the contracting process. Deposit accounts may be established with the Government Printing Office (GPO) and the National Technical Information Service (NTIS) to expedite receipt of government documents and to pay for on-line databases.

4.3. Cataloging and Classification. The National Library of Medicine Classification Scheme (NLMCS) and the National Library of Medicine Subject Headings (NLM SH) will be used for cataloging and classifying books. Library of Congress classification and subject headings will be used for non-medical titles. If catalog cards are used, commercial sources are available. Commercial or in-house software may be used in place of catalog cards. Books should be accessible to library customers by title, author, and, if appropriate, by subject heading. Maintenance of shelf list cards showing date of receipt, price, and location of item is recommended for a permanent record.

Journals will not be classified and should be filed alphabetically by current title.

4.4. Binding. Permanent binding of medical journals is recommended if the library retains journals for a number of years. Priority should be given to those journals indexed in standard indexing tools, i.e. Index Medicus.

4.5. Indefinite Loans. Permanent loans or office collections should be kept to a minimum and should include only those items used frequently. One indefinite loan officer should be assigned for each collection and should be the only one requesting and signing for items. An inventory should be accomplished when there is a change in the indefinite loan officer (see 5.3.). Records should be kept showing the location of each item for easy access for all library customers.

4.6. Collection Retention and Weeding. As new editions of books are acquired, obsolete editions should be processed according to local procedures for disposition of excess materials. If books are still current, they should be offered for transfer to other Air Force medical facilities. The AF Form 194, Library Balance Record, must be adjusted for all items removed from the collection. Retention of journals should be based on the scope of the facility. Excess journals may be distributed through the MLA exchange program for institutional members.

#### **5. Accountability, Property Marking, and Inventory.**

5.1. Accountability. The AF Form 194 is used to reflect the total holdings of the library. All items that are cataloged as part of the permanent collection and bound journals should be annotated on this form. Separate forms should be used for books, bound journals, and media. As items are received, lost or weeded from the collection, the totals should be adjusted. Libraries with automated systems may be able to provide a chronological record of additions and deletions without using AF Form 194. Individual issues of journals are not recorded on the form but should be tracked manually or on an automated system. Claims for missing issues should be made within the time frame set by the vendor.

5.2. Property Marking. All materials should be marked with a property stamp in highly visible areas. Remove all property markings when withdrawing materials from the library collection.

5.3. Inventory. An inventory of library materials should be accomplished annually. Materials on indefinite loans should be included and the indefinite loan officer should sign the inventory list or book cards each year. Items should be physically checked against the shelf list or automated record and the total compared with that on AF Form 194. A loss rate of 3% or less

of the total collection can be accounted for by the use of the AF Form 85, Inventory Adjustment Voucher, with the approval of the commander. The AF Form 194 should reflect the loss. If the loss rate is more than 3%, follow local instructions for completing the DD Form 200, Financial Liability Investigation of Property Loss.

**6. Physical Facilities and Equipment.**

6.1. Facilities. Library facilities should be readily accessible to the staff. Adequate space should be provided for housing the collection, library functions, and study areas.

6.2. Equipment. Libraries should have appropriate equipment to accomplish the mission of the facility. Audiovisual equipment, photocopiers, computers, and facsimile equipment should be readily available.

**7. Forms Prescribed.** SF 162, **Interlibrary Loan Request**; AF Form 194, **Library Balance Record**; AF Form 2644, **Request for Computer-Aided Literature Search**; AF Form 85, **Inventory Adjustment Voucher**; and DD Form 200, **Financial Liability Investigation of Property Loss**.

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Surgeon General

## GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS AND TERMS

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### *Abbreviations and Acronyms*

**AFI**—Air Force Instruction

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Regulation

**DASG-JML Library**—Department of the Army Surgeon General - Joint Medical

**GPO**—Government Printing Office

**JCAHO**—Joint Commission on Accreditation of Healthcare Organizations

**JDP**—Joint Departmental Publication

**MLA**—Medical Library Association

**MTF**—Medical Treatment Facility

**NLM**—National Library of Medicine

**NLMCS**—National Library of Medicine Classification Scheme

**NLM SH**—National Library of Medicine Subject Headings

**NTIS**—National Technical Information Service

**USAF**—United States Air Force

### *Terms*

**DOCLINE**—A National Library of Medicine automated program for transmitting and routing interlibrary loan requests among participating libraries.

**FEDLINK**—An interagency cooperative program sponsored by the Library of Congress and the Federal Library and Information Center Committee. FEDLINK offers service contracts from commercial vendors to any federal library or information center.

**MEDLINE** —(MEDLARS on-line)--Medical Literature Analysis and Retrieval System. A bibliographic database produced by the National Library of Medicine that indexes over 3,500 medical, nursing, and dental journals